

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(3) 305-6483

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876) | | | | | | SERIAL NO. | | FILING DATE | | | | |
|--|----------|------|------------------------|------|------------------------|--------------|--------------|-------------|------|------|------|------|
| | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | | | |
| 1 | / | / | / | / | | | 51 | | | | | |
| 2 | 6 | | / | | | | 52 | | | | | |
| 3 | 2 | | / | | | | 53 | | | | | |
| 4 | 2 | | / | | | | 54 | | | | | |
| 5 | 2 | | / | | | | 55 | | | | | |
| 6 | 2 | | / | | | | 56 | | | | | |
| 7 | 2 | | / | | | | 57 | | | | | |
| 8 | (1) | | / | | | | 58 | | | | | |
| 9 | | | | | | | 59 | | | | | |
| 10 | | | / | | | | 60 | | | | | |
| 11 | | / | | | | | 61 | | | | | |
| 12 | | | / | | | | 62 | | | | | |
| 13 | | | | | | | 63 | | | | | |
| 14 | | | | | | | 64 | | | | | |
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| 16 | | | | | | | 66 | | | | | |
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| 48 | | | | | | | 98 | | | | | |
| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| TOTAL IND. | | | 2 | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | | | 10 | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | | | 12 | | | | TOTAL CLAIMS | | | | | |